

Form 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return		2024	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																																			
For the year Jan. 1–Dec. 31, 2024, or other tax year beginning, 2024, ending, 20																																							
Your first name and middle initial LEOPOLDO		Last name NARANJO		See separate instructions.																																			
If joint return, spouse's first name and middle initial BRIGIT I		Last name HENDRIX-NARANJO		Your social security number [REDACTED]																																			
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no. [REDACTED]		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse																																			
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		State CA	ZIP code [REDACTED]																																				
Foreign country name	Foreign province/state/county	Foreign postal code																																					
Filing Status ☐ Single ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)																																							
Check only one box. ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)																																							
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: ☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):																																							
Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No																																							
Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien																																							
Age/Blindness You: ☐ Were born before January 2, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind																																							
Dependents (see instructions):																																							
If more than four dependents, see Instr. and check here ☐																																							
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>(1) First name</th><th>Last name</th><th>(2) Social security number</th><th>(3) Relationship to you</th><th>(4) Check the box if qualifies for (see instructions):</th></tr><tr><th></th><th></th><th></th><th></th><th>Child tax credit</th><th>Credit for other dependents</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>					(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):					Child tax credit	Credit for other dependents																								
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Income																																							
1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 47,916																																							
b Household employee wages not reported on Form(s) W-2 1b																																							
c Tip income not reported on line 1a (see instructions) 1c																																							
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d																																							
e Taxable dependent care benefits from Form 2441, line 26 1e																																							
f Employer-provided adoption benefits from Form 8839, line 29 1f																																							
g Wages from Form 8919, line 6 1g																																							
h Other earned income (see instructions) 1h																																							
i Nontaxable combat pay election (see instructions) 1i																																							
z Add lines 1a through 1h 1z 47,916																																							
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.																																							
Attach Sch. B if required.																																							
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate Instructions.

Form 1040 (2024)

Form 1040 (2024) **LEOPOLDO NARANJO & BRIGIT I HENDRIX-NARANJO**

Page 2

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	9,301
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	9,301
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	3
21	Add lines 19 and 20	21	3
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,298
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	9,298

Payments

25	Federal income tax withheld from:			25d	9,833
a	Form(s) W-2	25a	9,551		
b	Form(s) 1099	25b	282		
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c				
26	2024 estimated tax payments and amount applied from 2023 return			26	
27	Earned income credit (EIC)	27			
28	Additional child tax credit from Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Reserved for future use	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits			32	
33	Add lines 25d, 26, and 32. These are your total payments			33	9,833

RefundDirect deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	535
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	535
b	Routing number		
c	Type: ☒ Checking ☐ Savings		
d	Account number		
36	Amount of line 34 you want applied to your 2025 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes. Complete below.** ☐ **No**

Designee's name **MARK A. STOCKDALE** Phone no. **916-372-7000** Personal identification number (PIN) **53080**

Sign HereJoint return?
See instructions.
Keep a copy for
your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)
		ELIGIBILITY SPECIALIST	
		RETIRED	

Phone no.	Email address	Preparer's name	Preparer's signature	Date	PTIN	Check if:
		MARK A. STOCKDALE	MARK A. STOCKDALE	04/08/25	53080	☒ Self-employed

Paid Preparer Use Only	Firm's name	Firm's address	Firm's EIN	Phone no.
	MARK A STOCKDALE CPA	2950 BEACON BLVD # 70 WEST SACRAMENTO CA 95691-5031	58-0178129	916-372-7000

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2024)